



UNITED STATES MARINE CORPS
MARINE CORPS RECRUITING COMMAND
3280 RUSSELL ROAD
QUANTICO, VA 22134-5103

IN REPLY REFER TO:

1533

Ser 000/000

0 Jan 07

FIRST ENDORSEMENT on Midshipman Doe's Ltr 1533 of 0 Jan 07

From: Commanding Officer, Naval Reserve Officers Training Corps
(NROTC) Unit, University of Marine Corps

To: Commanding General, Marine Corps Recruiting Command (ON)

Subj: APPLICATION FOR APPOINTMENT TO COMMISSIONED RANK AS A
SECOND LIEUTENANT IN THE UNITED STATES MARINE CORPS WITH
AVIATION GUARANTEE

1. Forwarded, recommending appointment in the United States Marine Corps.
2. As Midshipman Doe has an aviation guarantee, I continue to recommend Midshipman Doe for assignment as a Naval Aviator/Naval Flight Officer. He is physically and mentally qualified for assignment to an aviation MOS.
3. Midshipman Doe is a (Scholarship) or (College Program) NROTC in good standing. Midshipman Doe will have completed all the prescribed requirements for a commission and will be due for an appointment on 31 May 07.
4. Midshipman Doe completed Officer Candidate School during the first increment of 2006.
5. Prior military service of Midshipman Doe is verified as follows: (If none, State "NONE")

I. M. COMMANDING

Copy to:
MIDSHIPMAN JANE S. DOE

1533
0 Jan 07

From: Midshipman 1/C Jane S. Doe XXX XX 0000
To: Commanding General, Marine Corps Recruiting Command (ON)
Via: Commanding Officer, Naval Reserve Officers Training Corps
(NROTC) Unit, University of Marine Corps

Subj: APPLICATION FOR APPOINTMENT TO COMMISSIONED RANK AS A
SECOND LIEUTENANT IN THE UNITED STATES MARINE CORPS WITH AVIATION
GUARANTEE

Encl: (1) ROUGH APPOINTMENT ACCEPTANCE AND RECORD (NAVMC 763)
(2) AVIATION GUARANTEE LETTER
(3) NOMI/BUMED APPROVED PHYSICAL WITH PQ LETTER
(4) SUPPORTING MEDICAL DOCUMENTATION
(5) CURRENT TRANSCRIPTS
(6) ENLISTMENT CONTRACTS (FORM 4)
(7) NROTC SCHOLARSHIP OR COLLEGE PROGRAM AGREEMENT
(8) BIRTH CERTIFICATE
(9) NROTC COST SHEETS
(10) SECURITY CLEARANCE

NOTE: For Midshipman previously enrolled in the Platoon Leaders Class (PLC)
Program

(11) COPY OF PLC CONTRACT
(12) COPY OF PLC DISENROLLMENT

1. (use appropriate paragraph)

I hereby apply for appointment to commissioned grade as a Second Lieutenant in the United States Marine Corps and agree to serve on active duty for a period of at least 4 years. I further agree not to resign from such Reserve prior to the eighth anniversary of the date of my original commission in the Marine Corps. (Scholarship)

I hereby apply for appointment to commissioned rank as a Second Lieutenant in the United States Marine Corps. I agree to serve 3 ½ years on active duty and not to resign from such Reserve prior to the eighth anniversary of the date of my original commission in the Marine Corps. (College Program)

2. Per enclosure (2), I have an aviation guarantee and request assignment as a student Naval Aviator / Naval Flight Officer. I understand and agree to the Student Naval Aviator Agreement that I signed to obtain my guarantee.

3. I completed Officer Candidate School during the first increment of 2006.

4. My home of record and prior military service are listed on enclosure (1).

5. I do/do not have a claim pending for, or receive a pension, disability allowance, disability compensation, or retirement from the government of the United States.

JANE S. DOE



SAT NAC COMPL BY DIS

1. NAME (Last, First, Middle) DOE, JANE S.				2. SSN 000 00 0000		3. DATE OF BIRTH 800101	
4. HOME OF RECORD City QUANTICO County State VA				5. GRADE APPOINTED 2NDLT		5A. CODE 01	
6. PLACE OF BIRTH (City, State or County) ARLINGTON, VA				7. MOS 7599		8. TEMPORARY GRADE PRESENTLY SERVING	
9. CITIZENSHIP US				9A. CODE CA		10. SEX F	
11. LSL				12. PERMANENT GRADE (For Temp. Appt. only)		12A. CODE	
14. RELIGION BAPTIST				14A. CODE 10		15. RACE WHITE	
15A. CODE EP				16. CONTRACT/LEGAL AGREEMENT		16A. CODE	
17. PEBD				18. COMPONENT USMC		18A. CODE 11	
19. IMMEDIATE ASSIGN. ACDU Y				20. MMS SOURCE CODE 2F		20A. AUTHORITY 12203	
20B. PROGRAM NRORES							

21. PRIOR SERVICE							
A. BRANCH/ COMPONENT	B. HIGHEST GRADE	C. ENL. OR APPT.		D. DISCHARGED			
		YR.	MO.	DA.	YR.	MO.	DA.
1							
2							
3							
4							
5							
6							
7							
8							
9							

COM DATE 070531

TBS CLASS ASG _____

YRS FINANCIAL ASST _____

EAS/ECC _____

COM TRANS NUM _____

SPL INSTR _____

763 _____

COM _____

COVER LTR _____

ORDERS _____

MAX LEAVE _____

REPORT BY _____

COMMENTS _____

OSO/NROTC UNIT UNIV OF MC

T/O _____ (date) _____ (initials)



UNITED STATES MARINE CORPS
MARINE CORPS RECRUITING COMMAND
3280 RUSSELL ROAD
QUANTICO, VA 22134-5103

IN REPLY REFER TO:

1533

MCRC (ON/E)

From: Commanding General
To: Midshipman XXX XX 5773 USMCR
Via: Commanding Officer, Naval Reserve Officer Training Corps
(NROTC) Unit, Embry Riddle Aeronautical University

Subj: GUARANTEE OF ASSIGNMENT TO STUDENT NAVAL AVIATOR TRAINING

Ref: (a) Yr ltr dtd 31 May 06

1. The request contained in the reference is approved.
2. You will be assigned military occupational specialty 7599 (Flight Student). Your initial assignment will be to The Basic School, Marine Corps Combat Development Command, Quantico, Virginia. Upon successful completion of The Basic School, you will be assigned to Student Naval Aviator training provided that at that time you are physically qualified for such duty.
3. Our records indicate that you will be commissioned on 1 May 2007. Failure to meet the requirements stated above may result in revocation of this guarantee.

A handwritten signature in black ink, appearing to read "C. Grooms", written over a horizontal line.

C. GROOMS
By direction

MEDICAL RECORD

* Physical Examination dated 15-Sep-2006

MUST BE PLACED IN OUTPATIENT TREATMENT RECORD

*

Patient's Identification

SSN:

Name:

Grade/Rank: /MIDN

Command: SCHOOL

Examining Facility: NAVBRMEDCLINIC

Willow Grove

Medical Record

Electronically Generated Form
STANDARD FORM 507 (REV. 7-91)
Prescribed by GSA/ICMR, FIRM (41

CFR) 201-9.202-1

*U.S.GPO:1997-426-836/69075



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
6110
Ser M32/06UM3216471
15 Nov 2006

From: Chief, Bureau of Medicine and Surgery
To: Commanding General, Marine Corps Recruiting Command (MROR)
Subj: PHYSICAL QUALIFICATION FOR COMMISSIONING IN THE UNITED STATES
MARINE CORPS ICO TIMCANDY BHARD, ~~xxx-xx~~-4360

Encl: (1) Clinical data on applicant.

1. Enclosure (1) is forwarded/returned.
2. Based on a review of the available medical information, the subject applicant DOES NOT meet established physical standards due to history of urticaria.
3. A waiver of the physical standards IS recommended.
4. This command defers to NAMI 342 for suitability for service in aviation programs.
5. This command adheres to the recommendation made in reference (a).

K. J. RONAN
By direction

Copy to:
NROTCU University of

DEC 12 2006

From: Commanding General, Marine Corps Recruiting Command
To: Commanding Officer, Marine Corps District

1. The medical waiver is approved

By direction

REPORT OF MEDICAL EXAMINATION		1. DATE OF EXAMINATION (YYYYMMDD) 20061214		2. SOCIAL SECURITY NUMBER 999-99-9999										
PRIVACY ACT STATEMENT														
AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397. PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.														
3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) DOE, JANE J.			4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code) 3280 RUSSELL ROADWAY QUANTICO, VA 22134		5. HOME TELEPHONE NUMBER (Include Area Code) (703) 784-9446									
6. GRADE	7. DATE OF BIRTH (YYYYMMDD) 20061214	8. AGE 99	9. SEX <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White	b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Not Hispanic/Latino									
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN		12. AGENCY (Non-Service Members Only)		13. ORGANIZATION UNIT AND UIC/CODE MCRC UNIVERSITY										
14.a. RATING OR SPECIALTY (Aviators Only)			b. TOTAL FLYING TIME		c. LAST SIX MONTHS									
15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input checked="" type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input checked="" type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input checked="" type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program										
16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code) HQMC NAVAL SCIENCE DEPT QUANTICO, VA 22134														
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)														
			Nor- mal	Ab- norm	NE									
17. Head, face, neck, and scalp			X											
18. Nose			X											
19. Sinuses			X											
20. Mouth and throat			X											
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)			X											
22. Drums (Perforation)			X											
23. Eyes - General (Visual acuity and refraction under items 61 - 63)			X											
24. Ophthalmoscopic			X											
25. Pupils (Equality and reaction)			X											
26. Ocular motility (Associated parallel movements, nystagmus)			X											
27. Heart (Thrust, size, rhythm, sounds)			X											
28. Lungs and chest (Include breasts)			X											
29. Vascular system (Varicosities, etc.)			X											
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)			X											
31. Abdomen and viscera (Include hernia)			X											
32. External genitalia (Genitourinary)			X											
33. Upper extremities			X											
34. Lower extremities (Except feet)			X											
35. Feet (See Item 35 Continued)			X											
36. Spine, other musculoskeletal			X											
37. Identifying body marks, scars, tattoos			X											
38. Skin, lymphatics			X											
39. Neurologic			X											
40. Psychiatric (Specify any personality deviation)			X											
41. Pelvic (Females only)			X											
42. Endocrine			X											
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.) <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class <u>2</u>			44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)											
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.) <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class <u>2</u>			35. FEET (Continued) (Circle category) <table style="width: 100%; border: none;"> <tr> <td>Normal Arch</td> <td>Mild</td> <td>Asymptomatic</td> </tr> <tr> <td>Pes Cavus</td> <td>Moderate</td> <td></td> </tr> <tr> <td>Pes Planus</td> <td>Severe</td> <td>Symptomatic</td> </tr> </table>			Normal Arch	Mild	Asymptomatic	Pes Cavus	Moderate		Pes Planus	Severe	Symptomatic
Normal Arch	Mild	Asymptomatic												
Pes Cavus	Moderate													
Pes Planus	Severe	Symptomatic												

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) DOE, JANE J.												SOCIAL SECURITY NUMBER 999-99-9999																			
LABORATORY FINDINGS																															
45. URINALYSIS				a. Albumin negative				46. URINE HCG				47. H/H 42.3/14.5				48. BLOOD TYPE O+															
				b. Sugar negative																											
TESTS				RESULTS								HIV SPECIMEN ID LABEL				DRUG TEST SPECIMEN ID LABEL															
49. HIV				14 Dec 06																											
50. DRUGS																															
51. ALCOHOL																															
52. OTHER																															
a. PAP SMEAR																															
b.																															
c.																															
MEASUREMENTS AND OTHER FINDINGS																															
53. HEIGHT 66				54. WEIGHT 166 lbs.				55. MIN WGT - MAX WGT MAX BF %				56. TEMPERATURE				57. PULSE															
58. BLOOD PRESSURE								59. RED/GREEN (Army Only)				60. OTHER VISION TEST																			
a. 1ST		b. 2ND		c. 3RD																											
SYS. 166		SYS.		SYS.																											
DIAS. 66		DIAS.		DIAS.																											
61. DISTANT VISION								62. REFRACTION BY AUTOREFRACTION OR MANIFEST								63. NEAR VISION															
Right 20/ 20				Corr. to 20/				By S. CX				Right 20/				Corr. to 20/ by															
Left 20/ 20				Corr. to 20/				By S. CX				Left 20/				Corr. to 20/ by															
64. HETEROPHORIA (Specify distance)																															
ES°				EX°				R.H.				L.H.				Prism div.				Prism Conv CT				NPR				PD			
65. ACCOMMODATION								66. COLOR VISION (Test used and result)								67. DEPTH PERCEPTION (Test used and score) AFVT															
Right				Left				PIP				/14				Uncorrected				Corrected											
68. FIELD OF VISION								69. NIGHT VISION (Test used and score)								70. INTRAOCULAR TENSION															
																O.D.				O.S.											
71a. AUDIOMETER				Unit Serial Number								71b. Unit Serial Number								72a. READING ALOUD TEST											
Date Calibrated (YYYYMMDD)								Date Calibrated (YYYYMMDD)																							
HZ	500	1000	2000	3000	4000	6000		HZ	500	1000	2000	3000	4000	6000			SAT		UNSAT												
Right	0	0	0	0	5	10		Right									72b. VALSALVA														
Left	0	5	0	0	0	0		Left									SAT		UNSAT												
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)																															

Page 3 of 3 Pages

REPORT OF MEDICAL HISTORY (This information is for official and medically confidential use only and will not be released to unauthorized persons.)		Form Approved OMB No. 0704-0413 Expires Aug 31, 2003
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0413), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.		
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.		
PRIVACY ACT STATEMENT		
AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397. PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.		
WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.		
1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) DOE, JANE J.	2. SOCIAL SECURITY NUMBER XXXXXXXX	3. TODAY'S DATE (YYYYMMDD) 20061214
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code) 3280 RUSSELL ROADWAY QUANTICO, VA 22134	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code) HQMC NAVAL SCIENCE DEPT QUANTICO, VA 22134	
b. HOME TELEPHONE (Include Area Code) 703-784-9446		
X ALL APPLICABLE BOXES:		7.a. POSITION (Title, Grade, Component)
6.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input checked="" type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	b. COMPONENT <input checked="" type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program
8. CURRENT MEDICATIONS (Prescription and Over-the-counter) <div style="text-align: center;">NONE</div>		7.b. USUAL OCCUPATION
9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance) <div style="text-align: center;">NONE KNOWN</div>		
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.		
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		12. (Continued)
10.a. Tuberculosis YES <input type="radio"/> NO <input checked="" type="radio"/> b. Lived with someone who had tuberculosis YES <input type="radio"/> NO <input checked="" type="radio"/> c. Coughed up blood YES <input type="radio"/> NO <input checked="" type="radio"/> d. Asthma or any breathing problems related to exercise, weather, pollens, etc. YES <input type="radio"/> NO <input checked="" type="radio"/> e. Shortness of breath YES <input type="radio"/> NO <input checked="" type="radio"/> f. Bronchitis YES <input type="radio"/> NO <input checked="" type="radio"/> g. Wheezing or problems with wheezing YES <input type="radio"/> NO <input checked="" type="radio"/> h. Been prescribed or used an inhaler YES <input type="radio"/> NO <input checked="" type="radio"/> i. A chronic cough or cough at night YES <input type="radio"/> NO <input checked="" type="radio"/> j. Sinusitis YES <input type="radio"/> NO <input checked="" type="radio"/> k. Hay fever YES <input type="radio"/> NO <input checked="" type="radio"/> l. Chronic or frequent colds YES <input type="radio"/> NO <input checked="" type="radio"/>	f. Foot trouble (e.g., pain, corns, bunions, etc.) YES <input type="radio"/> NO <input checked="" type="radio"/> g. Impaired use of arms, legs, hands, or feet YES <input type="radio"/> NO <input checked="" type="radio"/> h. Swollen or painful joint(s) YES <input type="radio"/> NO <input checked="" type="radio"/> i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.) YES <input type="radio"/> NO <input checked="" type="radio"/> j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint YES <input type="radio"/> NO <input checked="" type="radio"/> k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc. YES <input type="radio"/> NO <input checked="" type="radio"/> l. Bone, joint, or other deformity YES <input type="radio"/> NO <input checked="" type="radio"/> m. Plate(s), screw(s), rod(s) or pin(s) in any bone YES <input type="radio"/> NO <input checked="" type="radio"/> n. Broken bone(s) (cracked or fractured) YES <input type="radio"/> NO <input checked="" type="radio"/>	
11.a. Severe tooth or gum trouble YES <input type="radio"/> NO <input checked="" type="radio"/> b. Thyroid trouble or goiter YES <input type="radio"/> NO <input checked="" type="radio"/> c. Eye disorder or trouble YES <input type="radio"/> NO <input checked="" type="radio"/> d. Ear, nose, or throat trouble YES <input type="radio"/> NO <input checked="" type="radio"/> e. Loss of vision in either eye YES <input type="radio"/> NO <input checked="" type="radio"/> f. Worn contact lenses or glasses YES <input type="radio"/> NO <input checked="" type="radio"/> g. A hearing loss or wear a hearing aid YES <input type="radio"/> NO <input checked="" type="radio"/> h. Surgery to correct vision (IRK, PRK, LASIK, etc.) YES <input type="radio"/> NO <input checked="" type="radio"/>	13.a. Frequent indigestion or heartburn YES <input type="radio"/> NO <input checked="" type="radio"/> b. Stomach, liver, intestinal trouble, or ulcer YES <input type="radio"/> NO <input checked="" type="radio"/> c. Gall bladder trouble or gallstones YES <input type="radio"/> NO <input checked="" type="radio"/> d. Jaundice or hepatitis (liver disease) YES <input type="radio"/> NO <input checked="" type="radio"/> e. Rupture/hernia YES <input type="radio"/> NO <input checked="" type="radio"/> f. Rectal disease, hemorrhoids or blood from the rectum YES <input type="radio"/> NO <input checked="" type="radio"/> g. Skin diseases (e.g. acne, eczema, psoriasis, etc.) YES <input type="radio"/> NO <input checked="" type="radio"/> h. Frequent or painful urination YES <input type="radio"/> NO <input checked="" type="radio"/> i. High or low blood sugar YES <input type="radio"/> NO <input checked="" type="radio"/> j. Kidney stone or blood in urine YES <input type="radio"/> NO <input checked="" type="radio"/> k. Sugar or protein in urine YES <input type="radio"/> NO <input checked="" type="radio"/> l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.) YES <input type="radio"/> NO <input checked="" type="radio"/>	
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.) YES <input type="radio"/> NO <input checked="" type="radio"/> b. Arthritis, rheumatism, or bursitis YES <input type="radio"/> NO <input checked="" type="radio"/> c. Recurrent back pain or any back problem YES <input type="radio"/> NO <input checked="" type="radio"/> d. Numbness or tingling YES <input type="radio"/> NO <input checked="" type="radio"/> e. Loss of finger or toe YES <input type="radio"/> NO <input checked="" type="radio"/>	14.a. Adverse reaction to serum, food, insect stings or medicine YES <input type="radio"/> NO <input checked="" type="radio"/> b. Recent unexplained gain or loss of weight YES <input type="radio"/> NO <input checked="" type="radio"/> c. Currently in good health (If no, explain in Item 29 on Page 2.) YES <input checked="" type="radio"/> NO <input type="radio"/> d. Tumor, growth, cyst, or cancer YES <input type="radio"/> NO <input checked="" type="radio"/>	

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) DOE, JANE J.		SOCIAL SECURITY NUMBER XXXXXXX	
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.			
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES NO	
15.a. Dizziness or fainting spells		<input type="radio"/> YES <input checked="" type="radio"/> NO	
b. Frequent or severe headache		<input type="radio"/> YES <input checked="" type="radio"/> NO	
c. A head injury, memory loss or amnesia		<input type="radio"/> YES <input checked="" type="radio"/> NO	
d. Paralysis		<input type="radio"/> YES <input checked="" type="radio"/> NO	
e. Seizures, convulsions, epilepsy or fits		<input type="radio"/> YES <input checked="" type="radio"/> NO	
f. Car, train, sea, or air sickness		<input type="radio"/> YES <input checked="" type="radio"/> NO	
g. A period of unconsciousness or concussion		<input type="radio"/> YES <input checked="" type="radio"/> NO	
h. Meningitis, encephalitis, or other neurological problems		<input type="radio"/> YES <input checked="" type="radio"/> NO	
16.a. Rheumatic fever		<input type="radio"/> YES <input checked="" type="radio"/> NO	
b. Prolonged bleeding <i>(as after an injury or tooth extraction, etc.)</i>		<input type="radio"/> YES <input checked="" type="radio"/> NO	
c. Pain or pressure in the chest		<input type="radio"/> YES <input checked="" type="radio"/> NO	
d. Palpitation, pounding heart or abnormal heartbeat		<input type="radio"/> YES <input checked="" type="radio"/> NO	
e. Heart trouble or murmur		<input type="radio"/> YES <input checked="" type="radio"/> NO	
f. High or low blood pressure		<input type="radio"/> YES <input checked="" type="radio"/> NO	
17.a. Nervous trouble of any sort <i>(anxiety or panic attacks)</i>		<input type="radio"/> YES <input checked="" type="radio"/> NO	
b. Habitual stammering or stuttering		<input type="radio"/> YES <input checked="" type="radio"/> NO	
c. Loss of memory or amnesia, or neurological symptoms		<input type="radio"/> YES <input checked="" type="radio"/> NO	
d. Frequent trouble sleeping		<input type="radio"/> YES <input checked="" type="radio"/> NO	
e. Received counseling of any type		<input type="radio"/> YES <input checked="" type="radio"/> NO	
f. Depression or excessive worry		<input type="radio"/> YES <input checked="" type="radio"/> NO	
g. Been evaluated or treated for a mental condition		<input type="radio"/> YES <input checked="" type="radio"/> NO	
h. Attempted suicide		<input type="radio"/> YES <input checked="" type="radio"/> NO	
i. Used illegal drugs or abused prescription drugs		<input type="radio"/> YES <input type="radio"/> NO	
18. FEMALES ONLY. Have you ever had or do you now have:			
a. Treatment for a gynecological (female) disorder		<input type="radio"/> YES <input checked="" type="radio"/> NO	
b. A change of menstrual pattern		<input type="radio"/> YES <input checked="" type="radio"/> NO	
c. Any abnormal PAP smears		<input type="radio"/> YES <input checked="" type="radio"/> NO	
d. First day of last menstrual period (YYYYMMDD)		20061214	
e. Date of last PAP smear (YYYYMMDD)		20061214	
19. Have you been refused employment or been unable to hold a job or stay in school because of:			
a. Sensitivity to chemicals, dust, sunlight, etc.			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
b. Inability to perform certain motions			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
c. Inability to stand, sit, kneel, lie down, etc.			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
d. Other medical reasons <i>(If yes, give reasons.)</i>			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
20. Have you ever been treated in an Emergency Room? <i>(If yes, for what?)</i>			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
21. Have you ever been a patient in any type of hospital? <i>(If yes, specify when, where, why, and name of doctor and complete address of hospital.)</i>			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
22. Have you ever had, or have you been advised to have any operations or surgery? <i>(If yes, describe and give age at which occurred.)</i>			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
23. Have you ever had any illness or injury other than those already noted? <i>(If yes, specify when, where, and give details.)</i>			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? <i>(If yes, give complete address of doctor, hospital, clinic, and details.)</i>			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
25. Have you ever been rejected for military service for any reason? <i>(If yes, give date and reason for rejection.)</i>			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
26. Have you ever been discharged from military service for any reason? <i>(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)</i>			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? <i>(If yes, specify what kind, granted by whom, and what amount, when, why.)</i>			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
28. Have you ever been denied life insurance?			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
29. EXPLANATION OF "YES" ANSWER(S) <i>(Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)</i>			

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

ANNUAL CERTIFICATE OF PHYSICAL CONDITION

DATE:

061214

Instructions:

This certificate is to be completed annually by members of the naval service (including Reserves) as required by the Manual of the Medical Department and other directives, as appropriate. **The intentional failure to disclose an illness or disease could be construed as an intent to defraud the Government and could result in the member's loss of disability benefits or be the basis for criminal prosecution or other administrative action under the Uniform Code of Military Justice.**

Type or clearly print member's name (last, first, middle initial); social security number; and unit to which assigned.

The member shall complete the appropriate responses, sign in ink, and date.

1. Last Name, First Name, Middle Init. Doe, Jane J.			2. SSN XXX-XX-XXXX		3. Rate/Rank MIDN
4. Designator/MOS/NEC 9901	5. Sex F	6. Age 99	7. Date of Birth 20061214		
8. Known Allergies NONE			9. Unit or School and UIC MCRC UNIVERSITY		
10. Home Address Street 3280 Russell Roadway		City Quantico			
11. State VA	Zip + 4 Code 22134	Home Phone Number 703-784-9446		Work Phone Number 703-784-9447	
12. Location of Health Record MCRC University, NROTC unit			13. Location of Dental Record MCRC University, NROTC unit		
14. Date of last Complete Physical Examination 20061214			15. Purpose of Examination Commissioning		
16. Date of last Dental Exam 20061214	17. Type of Examination annual		18. Class 2	19. Date of last PAP and results 20061214	20. Date of last Mammogram and results 20061214
21. Date of last HIV Blood Test 20061214	22. Blood Pressure Reserves Only -		23. Body Fat % -	24. Height 66	25. Weight 166

(Continued on Reserve)

ANNUAL CERTIFICATE OF PHYSICAL CONDITION

1. Have you had any injury, illness or disease within the past 12 months which required hospitalization or caused you to be absent from school, duty or civilian occupation for more than 3 consecutive days?

(X) NO () YES If yes, explain: _____

2. Are you now, or have you been under a physician's care during the past 12 months?

(X) NO () YES If yes, explain? _____

3. Have you taken prescription medications in the past 12 months?

(X) NO () YES If yes, what are they? _____

4. Do you have any physical defect(s), family or mental problems which might restrict your performance on active duty or prevent your mobilization?

(X) NO () YES If yes, explain: _____

5. Additional comments: _____

Upon completion of indicated action, file completed certificate in member's Health Record and a copy in member's Dental Record.

I certify that the information contained in this form is true and complete to the best of my knowledge and belief.

MEMBER'S SIGNATURE: Student's signature

MEDICAL DEPT. REP. SIGNATURE: MOI/AMOI signature

REVIEWING OFFICER'S SIGNATURE: _____

REVIEWING OFFICER'S COMMENTS: _____

**ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES**

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087; 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) DOE, JANE J.		2. SOCIAL SECURITY NUMBER XXX-XX-XXXX			
3. HOME OF RECORD (Street, City, State, ZIP Code) 3280 RUSSELL ROADWAY QUANTICO, VA 22134		4. PLACE OF ENLISTMENT/REENLISTMENT (Mil. Installation, City, State) NROTC UNIT, MCRC UNIVERSITY QUANTICO, VA 22134			
5. DATE OF ENLISTMENT/ REENLISTMENT (YYYYMMDD) 20061214	6. DATE OF BIRTH (YYYYMMDD) 20061214	7. PREV MIL SVC UPON ENL/REENLIST	YEARS	MONTHS	DAYS
		a. TOTAL ACTIVE MILITARY SERVICE			
		b. TOTAL INACTIVE MILITARY SERVICE			

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States (*list branch of service*) MARINE CORPS RESERVE
this date for 8 years and 0 weeks beginning in pay grade _____.
The additional details of my enlistment/reenlistment are in Section C and Annex(es)
"A"

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (*list date (YYYYMMDD)*) _____ for enlistment in the Regular component of the United States (*list branch of service*) _____ for not less than _____ years and _____ weeks. My enlistment in the DEP is in a nonpay status. I understand that my period in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. REMARKS: (If none, so state.)

NONE

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government.
ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee/Reenlistee) JJD

(Continued on reverse side.)

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES: Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment/reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by the Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:

(1) in time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty as prescribed by law, if I am a member of the Selected Reserve.

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

NAME OF ENLISTEE/REENLISTEE (<i>Last, First, Middle</i>) DOE, JANE J.	SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE XXX-XX-XXXX
D. CERTIFICATION AND ACCEPTANCE	
<p>13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.</p> <p>I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (<i>If none, X "NONE" and initial.</i>)</p> <div style="display: flex; justify-content: flex-end; align-items: center;"> <input checked="checked" type="checkbox"/> NONE JJD (<i>Initials of enlistee/reenlistee</i>) </div>	
b. SIGNATURE OF ENLISTEE/REENLISTEE	c. DATE SIGNED (YYYYMMDD) 20061214
14. SERVICE REPRESENTATIVE CERTIFICATION	
a. On behalf of the United States (<i>list branch of service</i>) <u>MARINE CORPS RESERVE</u> , I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.	
b. NAME (<i>Last, First, Middle</i>) DOE, JOHN J.	c. PAY GRADE 06
d. UNIT/COMMAND NAME NROTC UNIT, MCRC UNIVERSITY	
e. SIGNATURE	f. DATE SIGNED (YYYYMMDD) 20061214
g. UNIT/COMMAND ADDRESS (<i>City, State, ZIP Code</i>) QUANTICO, VA 22134	
E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT	
15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR): I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.	
16. IN THE NATIONAL GUARD (ARMY OR AIR): I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.	
17. IN THE NATIONAL GUARD (ARMY OR AIR): I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____, _____ in the _____ National Guard and as a Reserve of the United States (<i>list branch of service</i>) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.	
18.a. SIGNATURE OF ENLISTEE/REENLISTEE	b. DATE SIGNED (YYYYMMDD)
19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION	
a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.	
b. NAME (<i>Last, First, Middle</i>) DOE, JOHN J.	c. PAY GRADE 06
d. UNIT/COMMAND NAME NROTC UNIT, MCRC UNIVERSITY	
e. SIGNATURE	f. DATE SIGNED (YYYYMMDD) 20061214
g. UNIT/COMMAND ADDRESS (<i>City, State, ZIP Code</i>) QUANTICO, VA 22134	

NAME OF ENLISTEE/REENLISTEE (<i>Last, First, Middle</i>) DOE, JANE J.		SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE XXX-XX-XXXX	
F. DISCHARGE FROM/DELAYED ENTRY/ENLISTMENT PROGRAM			
<p>20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States (<i>list branch of service</i>) _____ for a period of _____ years and _____ weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) _____ which replace(s) Annex(es) _____.</p>			
b. SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAM ENLISTEE		c. DATE SIGNED (YYYYMMDD)	
G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE			
<p>21. SERVICE REPRESENTATIVE CERTIFICATION</p> <p>a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States (<i>list branch of service</i>) _____ in pay grade _____.</p>			
b. NAME (<i>Last, First, Middle</i>)	c. PAY GRADE	d. UNIT/COMMAND NAME	
e. SIGNATURE	f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS (<i>City, State, ZIP Code</i>)	
H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT			
<p>22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:</p> <p>I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.</p>			
b. SIGNATURE OF ENLISTEE/REENLISTEE		b. DATE SIGNED (YYYYMMDD)	
<p>23. ENLISTMENT OFFICER CERTIFICATION</p> <p>a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.</p>			
b. NAME (<i>Last, First, Middle</i>)	c. PAY GRADE	d. UNIT/COMMAND NAME	
e. SIGNATURE	f. DATE SIGNED (YYYYMMDD)	g. UNIT/COMMAND ADDRESS (<i>City, State, ZIP Code</i>)	

reset form

NROTC SCHOLARSHIP SERVICE AGREEMENT

NROTC UNIT
BU-MIT NROTC CONSORTIUM

DOE, JANE J.

XXX-XX-XXXX

Full Name (Last, First, Middle) (Type or Print)

Social Security Number

I. SERVICE OBLIGATIONS INCURRED

A. By Title 10, United States Code Section 2107, I hereby acknowledge that to be eligible for appointment as a midshipman and for participation in the financial assistance program (NROTC Navy-Marine Corps Scholarship Program/NROTC Two-Year Scholarship Program) I must enlist in the U. S. Naval Reserve for the following:

1. If entering the NROTC Program from civilian life, I will enlist in the U. S. Naval Reserve for eight years.
2. If entering from active duty, I will be released from active duty and agree to extend my enlistment to a total of eight years obligated service.
3. If entering from an inactive status in a Reserve component, I will be released and I will enlist in the U. S. Naval Reserve for eight years.

B. As a condition of my appointment as a midshipman, I agree that:

1. I will major in an academic subject leading to a baccalaureate degree approved by the commanding officer of the NROTC Unit; and
2. I will satisfactorily complete the NROTC curriculum and military requirements as required; and
3. Upon completion of all requirements, and at the discretion of the Secretary of the Navy, I will accept an appointment, if offered, as a commissioned officer in the U.S. Naval Reserve or the U. S. Marine Corps Reserve and serve at least eight years as a Reserve Officer with an active duty obligation for at least four years. After four years of active service, I may request to augment to a regular U. S. Navy commission or after one year (if eligible) to a regular U. S. Marine Corps commission.
4. If I do not complete the four-year course of instruction, or if I complete the course but decline to accept a commission when offered, I may be ordered to active duty by the Secretary of the Navy to serve in an enlisted status for four years, or for such lesser period as the Secretary may prescribe. I understand this provision becomes binding on me upon entry into the second year of Naval Science courses, unless I entered the NROTC Program from active duty. In this case my service obligation is governed by Title 10, United States Code 516.

II. REIMBURSEMENT REQUIREMENT FOR PROGRAM INCOMPLETION

A. As a condition of receiving advanced educational assistance, I further agree that:

1. If I fail to complete educational requirements identified in paragraphs I.B.1-2, or for reasons of misconduct I am disenrolled, that at the discretion of the Secretary of the Navy, I will either serve on active duty as specified in paragraph I.B.4, or reimburse the United States for the educational costs expended on my behalf. Misconduct is defined as serious breach of discipline (theft, drug usage, or other serious crime or a matter of serious moral turpitude).

2. If I fail to complete the active duty specified in paragraph I.B.4 due to misconduct or due to circumstances surrounding an administrative separation, I will reimburse the United States for educational assistance provided to me in proportion to the amount of obligated service unserved.

B. I understand educational assistance to mean all costs related to tuition, fees, and laboratory expenses paid by the government either directly to me or in my behalf.

III. TWO-YEAR APPLICANTS

A. I understand that prior to my appointment as a midshipman under provisions of Title 10, United States Code 2107, I will attend the Naval Science Institute during the summer before enrollment in the NROTC Program. Upon successful completion of the Naval Science Institute, I will enlist in the U. S. Naval Reserve or, if a Marine Corps Option student, in the U. S. Marine Corps Reserve, if I choose to enroll in the NROTC Program.

B. I understand that I incur no service obligation solely as a result of attendance in the Naval Science Institute, but failure to successfully complete this orientation will render me ineligible for appointment as a midshipman.

IV. OTHER TERMS AND CONDITIONS (ALL APPLICANTS)

A. I understand the Secretary of the Navy may release me from my obligation under this agreement. I may be separated from the training program at any time if, in the opinion of the Secretary, the interests of the Navy would thereby be served.

B. I understand to continue my eligibility in the NROTC Program I must remain in good standing at the college in which I am enrolled. As well, I must remain in good standing with the NROTC Unit.

I have read, completely understand, and agree without condition to the provisions of this NROTC SCHOLARSHIP SERVICE AGREEMENT.

20061214

Date

Signature of Applicant

DOE, JANE J.

Print Full Name (First, Middle, Last)

Signature of Witness

DOE, JOHN J.

Print Name of Witness

CHERYL M. PRIOR, ADMIN ASST

CONSENT OF PARENTS (OR GUARDIANS)

If the applicant is a minor (under 18), the consent of parents (or legal guardian) is required for the above NROTC SCHOLARSHIP SERVICE AGREEMENT to be valid.

I (We) consent to the applicant's acceptance of an appointment as a midshipman, to his/her execution of the above NROTC SCHOLARSHIPS SERVICE AGREEMENT, which I (We) have read and understand, and to his/her service in the Armed Forces as outlined in the above NROTC SCHOLARSHIP SERVICE AGREEMENT.

Signature of Mother or Legal Guardian

Signature of Father or Legal Guardian

Print Name

Print Name

Date

Date

PRIVACY ACT NOTICE

This information is provided pursuant to 5 USC 301, Departmental Regulations to ensure the applicant is aware of his/her rights to benefits and understands his/her military obligation. Completion of this form is mandatory. Failure to complete this form will result in the applicant's involuntary withdrawal from the active candidates for the program.

Certificate of Birth

This certificate is issued
in recognition of the birth of

Name Here

sex here child, x pounds x ounces,
born this day date here
to parents Parent One here and
Parent Two here.



Title One

Hospital or Issuer Here
Location Here

Title Two

INDIVIDUAL NROTC EDUCATION PROGRAM COST

NAME	SSN	DATE ENROLLED
DOE, JANE J.	XXX-XX-XXXX	20061214

NROTC UNIT
MCRC UNIVERSITY

TERM	DATES (From and To	
FALL	DEC-DEC	
TUITION/FEES	BOOKS	TOTAL
\$14,500.00	\$300.00	\$14800.00

I have reviewed these cost and acknowledge they have been paid in my behalf.

SIGNATURE	DATE
-----------	------

TERM	DATES (From and To	
TUITION/FEES	LAB EXPENSES	TOTAL
\$	\$	\$

I have reviewed these cost and acknowledge they have been paid in my behalf.

SIGNATURE	DATE
-----------	------

TERM	DATES (From and To	
TUITION/FEES	LAB EXPENSES	TOTAL
\$	\$	\$

I have reviewed these cost and acknowledge they have been paid in my behalf.

SIGNATURE	DATE
-----------	------

TERM	DATES (From and To	
TUITION/FEES	LAB EXPENSES	TOTAL
\$	\$	\$

I have reviewed these cost and acknowledge they have been paid in my behalf.

SIGNATURE	DATE
-----------	------

TERM	DATES (From and To	
TUITION/FEES	LAB EXPENSES	TOTAL
\$	\$	\$

I have reviewed these cost and acknowledge they have been paid in my behalf.

SIGNATURE	DATE
-----------	------

? Person Summary

Person Category

Officer Candidate (USN)

SSN:

Open Investigation: N/A

PSQ Sent Date: N/A

Attestation Date: N/A

Incident Report: N/A

SF 713 Fin Consent Date: N/A

SF 714 Fin Disclosure Date: N/A

Polygraph: N/A

Foreign Relation:

1, Sister, Canada

1, Mother, Canada

Date of Birth:

Marital Status: N/A

Place of Birth: N/A

Citizenship: N/A

NdA Signed: No

NdS Signed: No

Accesses

Category	PSP	Suitability and Trustworthiness
Officer Candidate (USN)	No	IT: N/A Public Trust: N/A Child Care: N/A
ROTC (USN)	No	IT: N/A Public Trust: N/A Child Care: N/A
Reserve - Enlisted (USMC)	No	IT: N/A Public Trust: N/A Child Care: N/A

Person Category Information

Category Classification: N/A

Organization: 68726. NROTCU

Organization Status: N/A

Occupation Code: N/A

SCI SMO: N/A

Non-SCI SMO: N/A

Servicing SMO: No

Office Symbol: N/A

Position Code: N/A

Arrival Date: N/A

Office Phone Comm: N/A

Separation Status: Separation

Interim: N/A

, COMMANDING OFFICER,

Separation Date: 2006 10 23

Grade: N/A

PS: N/A

RNLTD: N/A

Office Phone DSN: N/A

TAFMSD: N/A

Proj. Departure Date: N/A

Proj. UIC/RUC/PASCODE: N/A

In/Out Process

JCAVS Person Summary

Page 2 of 2

Investigation Summary

NACLC from OPM, Opened: 2004 04 01 Closed 2005 02 03

Adjudication Summary

PSI Adjudication of NACLC OPM, Opened 2004 04 01, Closed 2005 02 03, determined

Eligibility of Secret on 2005 04 29 DoNCAF

External Interfaces

Perform SII Search

DCII

Notice: Under the Privacy Act of 1974, you must safeguard personnel information retrieved through this system. Disclosure of information is governed by Title 5, United States Code, Section 552a Public Law 93-579, DoDD 5400.11, DoDR 5400.11-R and the applicable service directives.